



# Waukesha County

DEPARTMENT OF  
PARKS AND LAND USE

## Eble Ice Arena

### Individual Release Form for Try Hockey For Free

#### ***Participant – Name***

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I will be ice skating and/or participating in a try hockey for free activity which may include ice skating, hockey/game playing at Eble Park Ice Arena. It is mandatory that all participants provide and wear their own helmet /bike helmet and socks. Snow pants and gloves are highly recommended.

**GROUP: Try Hockey For Free – Girls ages 4-14 Years Of Age**

**DATE: Sunday September 30, 2018 11:45am to 1:45pm**

I understand that there are certain dangers inherent in playing hockey, skating and/or skating activities, which includes but is not limited to injuries from contact with other skaters/players, sideboards, goal standards, the ice, puck and equipment. In consideration of being allowed to participate, I, individually and for all others who may make a claim based on injury to me, accept the risk of physical injury and release and discharge Waukesha County and all of its employees, Waukesha Wolves association and it's members from any liability to me for any physical injury which may occur while I am participating. I understand that the purpose and intent of this Release is to prevent me, and others who may claim through me, from recovering any money from Waukesha County and its employees and the Waukesha Wolves and it's members for any physical injury I suffer while playing hockey, skating or participating in any form of skating activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
\* (If under 18 years of age must be signed by a parent/guardian)

Relationship to participant \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

\*Please note that Waukesha County **highly recommends** that each **individual or team** retain a sports/ accident coverage **insurance policy** for their participants. The relatively low cost policy provides accident insurance for medical expenses in excess of their Personal or Group medical coverage incurred while playing hockey and/or skating. For information contact your group/team leader or organization if applicable.